



STATE OF ARIZONA VETERINARY MEDICAL EXAMINING BOARD  
**ANIMAL CREMATORY INSPECTION REPORT**

Animal crematory inspection authorized by the State of Arizona Veterinary Medical Examining Board pursuant to A.R.S. §32-2291 (C).

On \_\_\_\_/\_\_\_\_/\_\_\_\_, the \_\_\_\_\_  
Date Name of Crematory  
crematory was inspected. General findings of the inspection are attached.

**In Attendance:**

Representative for the Crematory: \_\_\_\_\_  
☐ Owner ☐ Operator ☐ Other

For the Board: \_\_\_\_\_

Title: \_\_\_\_\_

**I. General Crematory Firm Data**

1. Physical Address of Crematory: \_\_\_\_\_

City: \_\_\_\_\_ State: AZ Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Mailing Address if different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

2. Business structure: ☐ Corporation ☐ Partnership ☐ Individual ☐ Other

3. Services offered: ☐ Individual Cremation ☐ Communal Cremation ☐ Public Viewing  
☐ Private Viewing

☐ Transport of Sharps ☐ Storage of Sharps ☐ Other: \_\_\_\_\_

**II. Care and Security of Crematory**

- |  |     |    |
|--|-----|----|
| 1. Security of windows and doors into the crematory (outside access to crematory): | Yes | No |
| 2. Security of area where animal remains are kept while awaiting cremation:        | Yes | No |
| Refrigerated:  | Yes | No |
| 3. Security of area where animal remains are kept under refrigeration:             | Yes | No |
| 4. Shielded from public view:  | Yes | No |

### III. Retort(s)

**1. Description of Unit(s):**

	MAKE	MODEL NUMBER	YR OF MANUFACTURE	YR INSTALLED
UNIT 1				
UNIT 2				
UNIT 3				

**2. Condition of Unit(s):**

Must be off at time inspected	UNIT 1	UNIT 2	UNIT 3
Interior Floor			
Interior Walls			
Inside of Doors			
Door Operation			
Door Seal			
Temperature Gauge			
Time Indicator			
Exterior Unit Body			
Machinery (rear)			
Stack condition			
Hot Air Venting			
Fuel Source Equipment			
Fresh Air for Chamber			
Other Considerations			
Date of Last Maintenance			
Name of company/person performing Maintenance			

### 3. Cleanliness around units:

1) Floor: Yes No  
3) Walls: Yes No

2) Ceiling: Yes No  
4) Work Areas: Yes No

Additional Info: \_\_\_\_\_

#### IV. Crematory Processing Equipment

Make, model, and year of manufacture of processor:

Condition: Good      Average      Poor      N/A

Type of container used for processing cremated animal remains: \_\_\_\_\_

3. Working area for processing: Yes No Description: \_\_\_\_\_

4. Tools available: Yes No Type(s): \_\_\_\_\_ Tools in good condition: Yes No

5. Adequate storage for cremation supplies and supplies-to-quantity of cremations: Yes No

6. The following processing areas are clean:

**1) Walls:** Yes No    **2) Ceilings:** Yes No    **3) Floor:** Yes No

4) Equipment: Yes No 5) Other: \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 7. Ventilating system for operator (dust control and care): | Yes | No |
| 8. Labels permanently affixed to the cremains:              | Yes | No |
| Labels include: Name of crematory                           | Yes | No |
| Date of cremation   | Yes | No |
| Pet (and pet owner's last) name                             | Yes | No |

## **V. Safety Equipment**

1. Masks for each operator: Yes    No  
     1) Proper fit: Yes    No    2) Type \_\_\_\_\_
2. Heat Gear: 1) Gloves: Yes    No    2) Apron: Yes    No    3) Arm protection: Yes    No  
                     4) Complete heat suiting: Yes    No    5) Face protection for heat: Yes    No
3. Available: 1) Sink for hand washing: Yes    No    2) Toilet facilities: Yes    No
4. Fire extinguisher available for use on all types of fires (liquids from crematory, electrical or structural materials): Yes    No
5. First aid kit available: Yes    No
6. Stack particulate light in working order: Yes    No
7. Operational manuals for crematory operators and standard operating procedure manual for specific crematory available: Yes    No  
     Located where: \_\_\_\_\_
8. Verification operator received training in safe and proper operation of crematory:  
     1) Name of Operator: \_\_\_\_\_  
     Name of Program/Course: \_\_\_\_\_ Date of Completion: \_\_\_\_\_  
     2) Name of Operator: \_\_\_\_\_  
     Name of Program/Course: \_\_\_\_\_ Date of Completion: \_\_\_\_\_
9. Emergency shutdown procedures available and easily accessible for each unit: Yes    No

## **VI. Paperwork**

1. Written procedures that addresses the following:

	Yes	No
How identification of remains from receipt to release		
How to obtain authorization (obtain a copy of form)		
How cremation chamber is loaded and unloaded		
How cremated remains are processed		
How remains are disposed of		
How records are completed and maintained		
How ID number is used (if used)		

2. General Paperwork:

- a. Method of recording all cremations:

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- b. Method in place to maintain proper identification throughout the entire cremation process:

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- c. Records:

### **1. Individual**

	Yes	No
Name of owner		
Name of animal		
Description of animal and weight		
From whom was the animal received		
Authorization		
Date of cremation		
Date and manner of disposition of cremains.		

### **2. Communal**

	Yes	No
From whom were animals received		
Number of animals and weight		
Authorization		
Date of cremation		
Date and disposition of cremains		

### **3. Other**

	Yes	No
2 years of Service records for crematory (retort)		
Contracts with services that collect, process or deliver animal remains: 2 years		
Clean, well-lighted, adequately appointed charting area for documenting records		

## VII. Miscellaneous

Scale available for weighing encased animal remains upon arrival: Yes No

DEQ permit for transportation of bio hazardous waste (if applicable): Yes No

Waste stored on site:	Yes	No

County crematory permit for the current year paid and displayed: Yes No

DEQ certificate (authorization to operate) current and displayed:	Yes	No

City business license posted (if applicable):	Yes	No

## VIII. Possible Violations

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

The undersigned was given a copy of the inspection results and/or the inspector discussed the inspection results.

Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Crematory Representative: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

PLEASE SEND YOUR WRITTEN PLAN FOR CORRECTING THE ABOVE REFERENCED ITEMS TO OUR OFFICE BY \_\_\_\_\_ FOR THE BOARD MEETING ON \_\_\_\_\_.

YOU MAY MAIL, EMAIL OR FAX THIS INFORMATION TO THE BOARD'S OFFICE:

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

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